

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:
CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: R028174
INSURED.....: WILLIAMS
CLAIM REP....: LENTON, KELVIN
SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT MEDICAL GROUP/8560 N
DEPT 771475 PO BOX 77000
DETROIT, MI 482771475

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 80-0585968 1699088468 *
PATIENT ACCOUNT NO: SIETUQ5DFF
DIAGNOSIS CODE 1...:
DIAGNOSIS CODE 2...:
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/25/2014
DATE BILLED.....: 03/19/2014
DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE....: 03/19/2014

Service Date	NDC Code	Description	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	33261-0105-60	TRAMADOL	060	101.20	4.00	01	0.00		0.00		97.20
03/19/2014	33261-0500-60	ALPRAZOLAM	060	256.20	4.01	01	0.00		0.00		252.19
03/19/2014	33261-0218-60	HYDROCODONE	120	173.20	4.00	01	0.00		0.00		169.20
03/19/2014	33261-0081-90	NAPROXEN	090	166.00	4.00	01	0.00		0.00		162.00
03/19/2014	33261-0049-90	GABAPENTIN	090	175.00	4.00	01	0.00		0.00		171.00

01 The charge exceeds the maximum fee for a complete service, or the professional or technical component.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
871.60	20.01	0.00	0.00	851.59

If you have any questions regarding this analysis, please contact Brown Review Management at 800-575-5175 or 248-357-2195, Professional Review Dept, or send a copy of your bill and this analysis to Brown Review Management, 29688 Telegraph Road, Ste 100, Southfield MI 48034

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03/19/2014	33261-0081-90	NAPROXEN	090	166.00	4.00	01	0.00		0.00		162.00
03/19/2014	33261-0049-90	GABAPENTIN	090	175.00	4.00	01	0.00		0.00		171.00

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Billed 871.60 Tech Adj 20.01 Prof Adj 0.00 PPO Adj 0.00 Paid 851.59

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CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857234
INSURED..... WILLIAMS, SHIELA
CLAIM REP....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378858P4210
DIAGNOSIS CODE 1...: 722.0 DISPLACED CERVICAL INTER
DIAGNOSIS CODE 2...: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/29/2014
DATE BILLED.....: 04/07/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE...: 03/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	72126	72126	COMPUTED TO	1	001	1195.00	0.00		0.00		0.00		1195.00
03/19/2014	11	Q9967	Q9967	Low osmola	1	001	10.00	0.00		0.00		0.00		10.00

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
1205.00	0.00	0.00	0.00	1205.00

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CLAIM REP..... LENTON, KELVIN

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03/19/2014	11	Q9967	Q9967	Low osmo1a	1	001	10.00	0.00		0.00		0.00		10.00

Billed 1205.00 Tech Adj 0.00 Prof Adj 0.00 PPO Adj 0.00 Paid 1205.00

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03/19/2014	11	Q9967	Q9967	Low osmo1a	1	001	10.00	0.00		0.00		0.00		10.00

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
1205.00	0.00	0.00	0.00	1205.00

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CLAIM REP..... LENTON, KELVIN

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DEPT 771721 PO BOX 77000
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DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3710270P4210
DIAGNOSIS CODE 1.: 722.83 POSTLAMINECTOMY SYND LUM
DIAGNOSIS CODE 2.: 722.81 POSTLAMINECTOMY SYND CER
DIAGNOSIS CODE 3.: 720.2 SACROILIITIS OTHER
DIAGNOSIS CODE 4.: V58.83 ENCTR THERAP DRUG MONITO

DATE OF INJURY....: 05/10/2012
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Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
04/17/2014	11	99213 25	99213 25	OFFICE OR 0	1	001	250.00	140.57	02	0.00		0.00		109.43
04/17/2014	11	80101 QW	80101	DRUG SCREEN	4	001	240.00	0.00		0.00		0.00		240.00

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
490.00	140.57	0.00	0.00	349.43

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FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3710270P4210
DIAGNOSIS CODE 1...: 722.83 POSTLAMINECTOMY SYND LUM
DIAGNOSIS CODE 2...: 722.81 POSTLAMINECTOMY SYND CER
DIAGNOSIS CODE 3...: 720.2 SACROILIITIS OTHER
DIAGNOSIS CODE 4...: V58.83 ENCTR THERAP DRUG MONITO

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/24/2014
DATE BILLED.....: 05/19/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 04/17/2014
SERVICE TO DATE...: 04/17/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
04/17/2014	11	99213 25	99213 25	OFFICE OR 0	1	001	250.00	140.57	02	0.00		0.00		109.43
04/17/2014	11	80101 QW	80101	DRUG SCREEN	4	001	240.00	0.00		0.00		0.00		240.00

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
490.00	140.57	0.00	0.00	349.43

If you have any questions regarding this analysis, please contact Brown Review Management at 800-575-5175 or 248-357-2195, Professional Review Dept, or send a copy of your bill and this analysis to Brown Review Management, 29688 Telegraph Road, Ste 100, Southfield MI 48034

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OCT 06 2014
CITY OF DETROIT
CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:
CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857235
INSURED.....: WILLIAMS , SHIELA
CLAIM REP....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378712P4210
DIAGNOSIS CODE 1.: 784.0 HEADACHE
DIAGNOSIS CODE 2.: 724.5 BACKACHE UNSPECIFIED
DIAGNOSIS CODE 3.: 729.1 UNS MYALGIA/MYOSITIS
DIAGNOSIS CODE 4.: E92.90 LATE EFFECTS MOTOR VEHIC

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/29/2014
DATE BILLED.....: 04/02/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE...: 03/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	99214 25	99214 25	OFFICE OR 0	1	001	385.00	226.40	02	0.00		0.00		158.60

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
385.00	226.40	0.00	0.00	158.60

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CITY OF DETROIT
CLAIMS SECTION

CARRIERS' EXPLANATION OF BENEFITS

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DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER...: P857235
INSURED.....: WILLIAMS
CLAIM REP.....: LENTON, KELVIN

, SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378712P4210
DIAGNOSIS CODE 1...: 784.0 HEADACHE
DIAGNOSIS CODE 2...: 724.5 BACKACHE UNSPECIFIED
DIAGNOSIS CODE 3...: 729.1 UNS MYALGIA/MYOSITIS
DIAGNOSIS CODE 4...: E92.90 LATE EFFECTS MOTOR VEHIC

DATE OF INJURY....: 05/10/2012
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DATE BILLED.....: 04/02/2014
DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE....: 03/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	99214 25	99214 25	OFFICE OR 0	1	001	385.00	226.40	02	0.00		0.00		158.60

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
385.00	226.40	0.00	0.00	158.60

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OCT 03 2014
CITY OF DETROIT
CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:
CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857235
INSURED.....: WILLIAMS, SHIELA
CLAIM REP.....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378712P4210
DIAGNOSIS CODE 1.: 784.0 HEADACHE
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02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
385.00	226.40	0.00	0.00	158.60

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CITY OF DETROIT
CLAIMS SECTION

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857235
INSURED..... WILLIAMS
CLAIM REP..... LENTON, KELVIN

, SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378712P4210
DIAGNOSIS CODE 1.: 784.0 HEADACHE
DIAGNOSIS CODE 2.: 724.5 BACKACHE UNSPECIFIED
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03/19/2014	11	99214 25	99214 25	OFFICE OR 0	1	001	385.00	226.40	02	0.00		0.00		158.60

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
385.00	226.40	0.00	0.00	158.60

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CITY OF DETROIT
CLAIMS SECTION

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CARRIERS' EXPLANATION OF BENEFITS

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DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987

NAIC/SELF INS: 999000482

BILL NUMBER.: P857236

INSURED..... WILLIAMS

CLAIM.REP..... LENTON, KELVIN

SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *

PATIENT ACCOUNT NO: 378467P4210

DIAGNOSIS CODE 1.: 784.0 HEADACHE

DIAGNOSIS CODE 2.: E92.90 LATE EFFECTS MOTOR VEHIC

DIAGNOSIS CODE 3.:

DIAGNOSIS CODE 4.:

DATE OF INJURY..... 05/10/2012

DATE POSTED..... 09/29/2014

DATE BILLED..... 03/27/2014

DATE RECEIVED..... 09/16/2014

SERVICE FROM DATE.: 03/19/2014

SERVICE TO DATE.... 03/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	64505 RT	64505 RT	INJECTION,	1	001	660.00	129.39	02	0.00		0.00		530.61
03/19/2014	11	64505 LT	64505 LT	INJECTION,	1	001	660.00	394.69	02	0.00		0.00		265.31

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
1320.00	524.08	0.00	0.00	795.92

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CITY OF DETROIT
CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:
CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857236
INSURED..... WILLIAMS, SHIELA
CLAIM REP....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378467P4210
DIAGNOSIS CODE 1.: 784.0 HEADACHE
DIAGNOSIS CODE 2.: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3.:
DIAGNOSIS CODE 4.:

DATE OF INJURY....: 05/10/2012
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SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE...: 03/19/2014

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03/19/2014	11	64505 RT	64505 RT	INJECTION.	1	001	660.00	129.39	02	0.00		0.00		530.61
03/19/2014	11	64505 LT	64505 LT	INJECTION.	1	001	660.00	394.69	02	0.00		0.00		265.31

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CITY OF DETROIT
CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857236
INSURED..... WILLIAMS
CLAIM REP..... LENTON, KELVIN

. SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378467P4210
DIAGNOSIS CODE 1.: 784.0 HEADACHE
DIAGNOSIS CODE 2.: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3.:
DIAGNOSIS CODE 4.:

DATE OF INJURY.....: 05/10/2012
DATE POSTED.....: 09/29/2014
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DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE....: 03/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	64505 RT	64505 RT	INJECTION,	1	001	660.00	129.39	02	0.00		0.00		530.61
03/19/2014	11	64505 LT	64505 LT	INJECTION,	1	001	660.00	394.69	02	0.00		0.00		265.31

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
1320.00	524.08	0.00	0.00	795.92

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CITY OF DETROIT
CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857236
INSURED..... WILLIAMS, SHIELA
CLAIM REP....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/B560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378467P4210
DIAGNOSIS CODE 1...: 784.0 HEADACHE
DIAGNOSIS CODE 2...: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY.....: 05/10/2012
DATE POSTED.....: 09/29/2014
DATE BILLED.....: 03/27/2014
DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE....: 03/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	64505 RT	64505 RT	INJECTION,	1	001	660.00	129.39	02	0.00		0.00		530.61
03/19/2014	11	64505 LT	64505 LT	INJECTION,	1	001	660.00	394.69	02	0.00		0.00		265.31

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
1320.00	524.08	0.00	0.00	795.92

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CITY OF DETROIT
CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P856897
INSURED..... WILLIAMS
CLAIM REP..... LENTON, KELVIN

. SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3711271P4210
DIAGNOSIS CODE 1.: 724.2 LUMBAGO
DIAGNOSIS CODE 2.: 723.1 CERVICALGIA
DIAGNOSIS CODE 3.: 723.8 OTH SYNDROMES AFFECTING
DIAGNOSIS CODE 4.: E92.90 LATE EFFECTS MOTOR VEHIC

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/24/2014
DATE BILLED.....: 06/12/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 05/19/2014
SERVICE TO DATE...: 05/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
05/19/2014	11	99213	99213	OFFICE OR O	1	001	250.00	140.57	02	0.00		0.00		109.43

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
250.00	140.57	0.00	0.00	109.43

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CLAIMS SECTION

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P856897
INSURED.....: WILLIAMS, SHIELA
CLAIM REP.....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3711271P4210
DIAGNOSIS CODE 1.: 724.2 LUMBAGO
DIAGNOSIS CODE 2.: 723.1 CERVICALGIA
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05/19/2014	11	99213	99213	OFFICE OR 0	1	001	250.00	140.57	02	0.00		0.00		109.43

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987

NAIC/SELF INS: 999000482

BILL NUMBER.: P856897

INSURED..... WILLIAMS

CLAIM REP.... LENTON, KELVIN

SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *

PATIENT ACCOUNT NO: 3711271P4210

DIAGNOSIS CODE 1... 724.2 LUMBAGO

DIAGNOSIS CODE 2... 723.1 CERVICALGIA

DIAGNOSIS CODE 3... 723.8 OTH SYNDROMES AFFECTING

DIAGNOSIS CODE 4... E92.90 LATE EFFECTS MOTOR VEHIC

DATE OF INJURY....: 05/10/2012

DATE POSTED.....: 09/24/2014

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SERVICE FROM DATE.: 05/19/2014

SERVICE TO DATE....: 05/19/2014

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05/19/2014	11	99213	99213	OFFICE OR 0	1	001	250.00	140.57	02	0.00		0.00		109.43

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CARRIER:

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2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER...: P856897
INSURED.....: WILLIAMS , SHIELA
CLAIM REP....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3711271P4210
DIAGNOSIS CODE 1...: 724.2 LUMBAGO
DIAGNOSIS CODE 2...: 723.1 CERVICALGIA
DIAGNOSIS CODE 3...: 723.8 OTH SYNDROMES AFFECTING
DIAGNOSIS CODE 4...: E92.90 LATE EFFECTS MOTOR VEHIC

DATE OF INJURY.....: 05/10/2012
DATE POSTED.....: 09/24/2014
DATE BILLED.....: 06/12/2014
DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 05/19/2014
SERVICE TO DATE....: 05/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
05/19/2014	11	99213	99213	OFFICE OR 0	1	001	250.00	140.57	02	0.00		0.00		109.43

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
250.00	140.57	0.00	0.00	109.43

If you have any questions regarding this analysis, please contact Brown Review Management at 800-575-5175 or 248-357-2195, Professional Review Dept, or send a copy of your bill and this analysis to Brown Review Management, 29688 Telegraph Road, Ste 100, Southfield MI 48034

RECEIVED
OCT 06 2014
CITY OF DETROIT
CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:
CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF.INS: 999000482
BILL NUMBER.: P856894
INSURED.....: WILLIAMS . SHIELA
CLAIM REP....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378242P4210
DIAGNOSIS CODE 1...: 729.1 UNS MYALGIA/MYOSITIS
DIAGNOSIS CODE 2...: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/24/2014
DATE BILLED.....: 03/19/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 01/14/2014
SERVICE TO DATE...: 01/14/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
01/14/2014	11	20553	20553	INJECTION(S	1	001	245.00	97.31	02	0.00		0.00		147.69
01/14/2014	11	J1040	J1040	Injection,	1	001	40.00	0.00		30.88	NS	0.00		9.12
				00703005101										
01/14/2014	11	J2001	J2001	INJ. LIDOCA	1	001	35.00	0.00		35.00	NS	0.00		0.00
				00338040902										

NS Please see note below.

02 The charge exceeds the usual and customary charge.

DENIED CODE J2001 AS INCLUDED WITH CODE 20553
REVIEWED PER RED BOOK AWP

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
320.00	97.31	65.88	0.00	156.81

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CITY OF DETROIT
CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER...: P856894
INSURED.....: WILLIAMS
CLAIM REP.....: LENTON, KELVIN

SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378242P4210
DIAGNOSIS CODE 1...: 729.1 UNS MYALGIA/MYOSITIS
DIAGNOSIS CODE 2...: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY.....: 05/10/2012
DATE POSTED.....: 09/24/2014
DATE BILLED.....: 03/19/2014
DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 01/14/2014
SERVICE TO DATE....: 01/14/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
01/14/2014	11	20553	20553	INJECTION(S	1	001	245.00	97.31	02	0.00				
01/14/2014	11	J1040	J1040	Injection,	1	001	40.00	0.00		30.88	NS	0.00		147.69
				00703005101								0.00		9.12
01/14/2014	11	J2001	J2001	INJ, LIDOCA	1	001	35.00	0.00		35.00	NS	0.00		0.00
				00338040902										

NS Please see note below.

02 The charge exceeds the usual and customary charge.

DENIED CODE J2001 AS INCLUDED WITH CODE 20553
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Billed	Tech Adj	Prof Adj	PPO Adj	Paid
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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER...: P856894
INSURED.....: WILLIAMS, SHIELA
CLAIM REP.....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378242P4210
DIAGNOSIS CODE 1...: 729.1 UNS MYALGIA/MYOSITIS
DIAGNOSIS CODE 2...: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY.....: 05/10/2012
DATE POSTED.....: 09/24/2014
DATE BILLED.....: 03/19/2014
DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 01/14/2014
SERVICE TO DATE....: 01/14/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
01/14/2014	11	20553	20553	INJECTION(S	1	001	245.00	97.31	02	0.00		0.00		147.69
01/14/2014	11	J1040	J1040	Injection,	1	001	40.00	0.00		30.88	NS	0.00		9.12
				00703005101										
01/14/2014	11	J2001	J2001	INJ, LIDOCA	1	001	35.00	0.00		35.00	NS	0.00		0.00
				00338040902										

NS Please see note below.

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Billed	Tech Adj	Prof Adj	PPO Adj	Paid
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BILL NUMBER.: P856894
INSURED.....: WILLIAMS, SHIELA
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DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

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5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378242P4210
DIAGNOSIS CODE 1...: 729.1 UNS MYALGIA/MYOSITIS
DIAGNOSIS CODE 2...: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY.....: 05/10/2012
DATE POSTED.....: 09/24/2014
DATE BILLED.....: 03/19/2014
DATE RECEIVED.....: 09/16/2014
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Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
01/14/2014	11	20553	20553	INJECTION(S	1	001	245.00	97.31	02	0.00		0.00		147.69
01/14/2014	11	J1040	J1040	Injection,	1	001	40.00	0.00		30.88	NS	0.00		9.12
				00703005101										
01/14/2014	11	J2001	J2001	INJ, LIDOCA	1	001	35.00	0.00		35.00	NS	0.00		0.00
				00338040902										

NS Please see note below.

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DENIED CODE J2001 AS INCLUDED WITH CODE 20553
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Billed	Tech Adj	Prof Adj	PPO Adj	Paid
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CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: R028174
INSURED.....: WILLIAMS
CLAIM REP.....: LENTON, KELVIN

SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT MEDICAL GROUP/8560 N
DEPT 771475 PO BOX 77000
DETROIT, MI 482771475

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 80-0585968 1699088468 *
PATIENT ACCOUNT NO: S1ETUQ5DFF
DIAGNOSIS CODE 1...:
DIAGNOSIS CODE 2...:
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY.....: 05/10/2012
DATE POSTED.....: 09/25/2014
DATE BILLED.....: 03/19/2014
DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE....: 03/19/2014

Service Date	NDC Code	Description	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	33261-0105-60	TRAMADOL	060	101.20	4.00	01	0.00		0.00		97.20
03/19/2014	33261-0500-60	ALPRAZOLAM	060	256.20	4.01	01	0.00		0.00		252.19
03/19/2014	33261-0218-60	HYDROCODONE	120	173.20	4.00	01	0.00		0.00		169.20
03/19/2014	33261-0081-90	NAPROXEN	090	166.00	4.00	01	0.00		0.00		162.00
03/19/2014	33261-0049-90	GABAPENTIN	090	175.00	4.00	01	0.00		0.00		171.00

01 The charge exceeds the maximum fee for a complete service, or the professional or technical component.

Billed 871.60 Tech Adj 20.01 Prof Adj 0.00 PPO Adj 0.00 Paid 851.59

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: R028174
INSURED.....: WILLIAMS, SHIELA
CLAIM REP....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT MEDICAL GROUP/8560 N
DEPT 771475 PO BOX 77000
DETROIT, MI 482771475

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 80-0585968 1699088468 *
PATIENT ACCOUNT NO: S1ETUQ5DFF
DIAGNOSIS CODE 1...:
DIAGNOSIS CODE 2...:
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/25/2014
DATE BILLED.....: 03/19/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE...: 03/19/2014

Service Date	NDC Code	Description	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	33261-0105-60	TRAMADOL	060	101.20	4.00	01	0.00		0.00		97.20
03/19/2014	33261-0500-60	ALPRAZOLAM	060	256.20	4.01	01	0.00		0.00		252.19
03/19/2014	33261-0218-60	HYDROCODONE	120	173.20	4.00	01	0.00		0.00		169.20
03/19/2014	33261-0081-90	NAPROXEN	090	166.00	4.00	01	0.00		0.00		162.00
03/19/2014	33261-0049-90	GABAPENTIN	090	175.00	4.00	01	0.00		0.00		171.00

01 The charge exceeds the maximum fee for a complete service, or the professional or technical component.

Billed Tech Adj Prof Adj PPO Adj Paid
871.60 20.01 0.00 0.00 851.59

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CLAIMS SECTION

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: R028174
INSURED.....: WILLIAMS , SHIELA
CLAIM REP.....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT MEDICAL GROUP/8560 N
DEPT 771475 PO BOX 77000
DETROIT, MI 482771475

CLAIMANT NAME/ADDRESS:

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DETROIT, MI 48228

FEIN / NPI NUMBER.: 80-0585968 1699088468 *
PATIENT ACCOUNT NO: S1ETUQ5DFF
DIAGNOSIS CODE 1...:
DIAGNOSIS CODE 2...:
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/25/2014
DATE BILLED.....: 03/19/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE...: 03/19/2014

Service Date	NDC Code	Description	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	33261-0105-60	TRAMADOL	060	101.20	4.00	01	0.00		0.00		97.20
03/19/2014	33261-0500-60	ALPRAZOLAM	060	256.20	4.01	01	0.00		0.00		252.19
03/19/2014	33261-0218-60	HYDROCODONE	120	173.20	4.00	01	0.00		0.00		169.20
03/19/2014	33261-0081-90	NAPROXEN	090	166.00	4.00	01	0.00		0.00		162.00
03/19/2014	33261-0049-90	GABAPENTIN	090	175.00	4.00	01	0.00		0.00		171.00

01 The charge exceeds the maximum fee for a complete service, or the professional or technical component.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
871.60	20.01	0.00	0.00	851.59

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: R028174
INSURED..... WILLIAMS, SHIELA
CLAIM REP..... LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT MEDICAL GROUP/8560 N
DEPT 771475 PO BOX 77000
DETROIT, MI 482771475

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 80-0585968 1699088468 *
PATIENT ACCOUNT NO: S1ETUQ5DFF
DIAGNOSIS CODE 1...
DIAGNOSIS CODE 2...
DIAGNOSIS CODE 3...
DIAGNOSIS CODE 4...

DATE OF INJURY.....: 05/10/2012
DATE POSTED.....: 09/25/2014
DATE BILLED.....: 03/19/2014
DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE....: 03/19/2014

Service Date	NDC Code	Description	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	33261-0105-60	TRAMADOL	060	101.20	4.00	01	0.00		0.00		97.20
03/19/2014	33261-0500-60	ALPRAZOLAM	060	256.20	4.01	01	0.00		0.00		252.19
03/19/2014	33261-0218-60	HYDROCODONE	120	173.20	4.00	01	0.00		0.00		169.20
03/19/2014	33261-0081-90	NAPROXEN	090	166.00	4.00	01	0.00		0.00		162.00
03/19/2014	33261-0049-90	GABAPENTIN	090	175.00	4.00	01	0.00		0.00		171.00

01 The charge exceeds the maximum fee for a complete service, or the professional or technical component.

Billed 871.60 Tech Adj 20.01 Prof Adj 0.00 PPO Adj 0.00 Paid 851.59

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CLAIMS SECTION

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CARRIER:
CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857234
INSURED..... WILLIAMS, SHIELA
CLAIM REP..... LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378858P4210
DIAGNOSIS CODE 1.: 722.0 DISPLACED CERVICAL INTER
DIAGNOSIS CODE 2.: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3.:
DIAGNOSIS CODE 4.:

DATE OF INJURY..... 05/10/2012
DATE POSTED..... 09/29/2014
DATE BILLED..... 04/07/2014
DATE RECEIVED..... 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE.... 03/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	72126	72126	COMPUTED TO	1	001	1195.00	0.00		0.00		0.00		1195.00
03/19/2014	11	Q9967	Q9967	Low osmo1a	1	001	10.00	0.00		0.00		0.00		10.00

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
1205.00	0.00	0.00	0.00	1205.00

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857234
INSURED..... WILLIAMS
CLAIM REP....: LENTON, KELVIN

SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378858P4210
DIAGNOSIS CODE 1...: 722.0 DISPLACED CERVICAL INTER
DIAGNOSIS CODE 2...: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY.....: 05/10/2012
DATE POSTED.....: 09/29/2014
DATE BILLED.....: 04/07/2014
DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE....: 03/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	72126	72126	COMPUTED TO	1	001	1195.00	0.00		0.00		0.00		1195.00
03/19/2014	11	Q9967	Q9967	Low osmo1a	1	001	10.00	0.00		0.00		0.00		10.00

Billed 1205.00 Tech Adj 0.00 Prof Adj 0.00 PPO Adj 0.00 Paid 1205.00

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RECEIVED
OCT 03 2014
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CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER...: P857234
INSURED.....: WILLIAMS
CLAIM REP.....: LENTON, KELVIN

, SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378858P4210
DIAGNOSIS CODE 1...: 722.0 DISPLACED CERVICAL INTER
DIAGNOSIS CODE 2...: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/29/2014
DATE BILLED.....: 04/07/2014
DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE...: 03/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	72126	72126	COMPUTED TO	1	001	1195.00	0.00		0.00		0.00		1195.00
03/19/2014	11	Q9967	Q9967	Low osmoia	1	001	10.00	0.00		0.00		0.00		10.00

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
1205.00	0.00	0.00	0.00	1205.00

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CITY OF DETROIT
CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:
CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER...: P857234
INSURED.....: WILLIAMS , SHIELA
CLAIM REP.....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378858P4210
DIAGNOSIS CODE 1...: 722.0 DISPLACED CERVICAL INTER
DIAGNOSIS CODE 2...: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY.....: 05/10/2012
DATE POSTED.....: 09/29/2014
DATE BILLED.....: 04/07/2014
DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE....: 03/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	72126	72126	COMPUTED TO	1	001	1195.00	0.00		0.00		0.00		1195.00
03/19/2014	11	Q9967	Q9967	Low osmoia	1	001	10.00	0.00		0.00		0.00		10.00

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
1205.00	0.00	0.00	0.00	1205.00

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CITY OF DETROIT
CLAIMS SECTION

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P856896
INSURED..... WILLIAMS
CLAIM REP....: LENTON, KELVIN

SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3710270P4210
DIAGNOSIS CODE 1...: 722.83 POSTLAMINECTOMY SYND LUM
DIAGNOSIS CODE 2...: 722.81 POSTLAMINECTOMY SYND CER
DIAGNOSIS CODE 3...: 720.2 SACROILIITIS OTHER
DIAGNOSIS CODE 4...: V58.83 ENCTR THERAP DRUG MONITO

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/24/2014
DATE BILLED.....: 05/19/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 04/17/2014
SERVICE TO DATE....: 04/17/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
04/17/2014	11	99213 25	99213 25	OFFICE OR O	1	001	250.00	140.57	02	0.00		0.00		109.43
04/17/2014	11	80101 QW	80101	DRUG SCREEN	4	001	240.00	0.00		0.00		0.00		240.00

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
490.00	140.57	0.00	0.00	349.43

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CITY OF DETROIT
CLAIMS SECTION

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER...: P856896
INSURED.....: WILLIAMS
CLAIM REP.....: LENTON, KELVIN

SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3710270P4210
DIAGNOSIS CODE 1.: 722.83 POSTLAMINECTOMY SYND LUM
DIAGNOSIS CODE 2.: 722.81 POSTLAMINECTOMY SYND CER
DIAGNOSIS CODE 3.: 720.2 SACROILIITIS OTHER
DIAGNOSIS CODE 4.: V58.83 ENCTR THERAP DRUG MONITO

DATE OF INJURY.....: 05/10/2012
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04/17/2014	11	80101 QW	80101	DRUG SCREEN	4	001	240.00	0.00		0.00		0.00		240.00

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
490.00	140.57	0.00	0.00	349.43

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987

NAIC/SELF INS: 999000482

BILL NUMBER.: P856896

INSURED..... WILLIAMS

CLAIM REP..... LENTON, KELVIN

. SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *

PATIENT ACCOUNT NO: 3710270P4210

DIAGNOSIS CODE 1...: 722.83 POSTLAMINECTOMY SYND LUM

DIAGNOSIS CODE 2...: 722.81 POSTLAMINECTOMY SYND CER

DIAGNOSIS CODE 3...: 720.2 SACROILIITIS OTHER

DIAGNOSIS CODE 4...: V58.83 ENCTR THERAP DRUG MONITO

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04/17/2014	11	99213 25	99213 25	OFFICE OR O	1	001	250.00	140.57	02	0.00		0.00		109.43
04/17/2014	11	80101 QW	80101	DRUG SCREEN	4	001	240.00	0.00		0.00		0.00		240.00

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
490.00	140.57	0.00	0.00	349.43

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STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P856896
INSURED.....: WILLIAMS
CLAIM REP.....: LENTON, KELVIN

, SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3710270P4210
DIAGNOSIS CODE 1.: 722.83 POSTLAMINECTOMY SYND LUM
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04/17/2014	11	99213 25	99213 25	OFFICE OR O	1	001	250.00	140.57	02	0.00		0.00		109.43
04/17/2014	11	80101 QW	80101	DRUG SCREEN	4	001	240.00	0.00		0.00		0.00		240.00

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
490.00	140.57	0.00	0.00	349.43

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CARRIER:
CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857235
INSURED.....: WILLIAMS, SHIELA
CLAIM REP.....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378712P4210
DIAGNOSIS CODE 1...: 784.0 HEADACHE
DIAGNOSIS CODE 2...: 724.5 BACKACHE UNSPECIFIED
DIAGNOSIS CODE 3...: 729.1 UNS MYALGIA/MYOSITIS
DIAGNOSIS CODE 4...: E92.90 LATE EFFECTS MOTOR VEHIC

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/29/2014
DATE BILLED.....: 04/02/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE...: 03/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	99214 25	99214 25	OFFICE OR 0	1	001	385.00	226.40	02	0.00		0.00		158.60

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
385.00	226.40	0.00	0.00	158.60

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CLAIMS SECTION

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857235
INSURED.....: WILLIAMS
CLAIM REP.....: LENTON, KELVIN

, SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378712P4210
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03/19/2014	11	99214 25	99214 25	OFFICE OR 0	1	001	385.00	226.40	02	0.00		0.00		158.60

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
385.00	226.40	0.00	0.00	158.60

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CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857235
INSURED.....: WILLIAMS
CLAIM REP....: LENTON, KELVIN

, SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
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DIAGNOSIS CODE 4...: E92.90 LATE EFFECTS MOTOR VEHIC

DATE OF INJURY....: 05/10/2012
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03/19/2014	11	99214 25	99214 25	OFFICE OR 0	1	001	385.00	226.40	02	0.00		0.00		158.60

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
385.00	226.40	0.00	0.00	158.60

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CARRIER:

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2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857235
INSURED.....: WILLIAMS
CLAIM REP....: LENTON, KELVIN

, SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378712P4210
DIAGNOSIS CODE 1...: 784.0 HEADACHE
DIAGNOSIS CODE 2...: 724.5 BACKACHE UNSPECIFIED
DIAGNOSIS CODE 3...: 729.1 UNS MYALGIA/MYOSITIS
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DATE OF INJURY.....: 05/10/2012
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Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	99214 25	99214 25	OFFICE OR 0	1	001	385.00	226.40	02	0.00		0.00		158.60

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
385.00	226.40	0.00	0.00	158.60

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857236
INSURED.....: WILLIAMS
CLAIM REP.....: LENTON, KELVIN

, SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *

PATIENT ACCOUNT NO: 378467P4210

DIAGNOSIS CODE 1...: 784.0 HEADACHE

DIAGNOSIS CODE 2...: E92.90 LATE EFFECTS MOTOR VEHIC

DIAGNOSIS CODE 3...:

DIAGNOSIS CODE 4...:

DATE OF INJURY.....: 05/10/2012

DATE POSTED.....: 09/29/2014

DATE BILLED.....: 03/27/2014

DATE RECEIVED.....: 09/16/2014

SERVICE FROM DATE.: 03/19/2014

SERVICE TO DATE...: 03/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	64505 RT	64505 RT	INJECTION,	1	001	660.00	129.39	02	0.00		0.00		530.61
03/19/2014	11	64505 LT	64505 LT	INJECTION,	1	001	660.00	394.69	02	0.00		0.00		265.31

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
1320.00	524.08	0.00	0.00	795.92

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P857236
INSURED..... WILLIAMS
CLAIM REP..... LENTON, KELVIN

SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
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03/19/2014	11	64505 RT	64505 RT	INJECTION,	1	001	660.00	129.39	02	0.00		0.00		530.61
03/19/2014	11	64505 LT	64505 LT	INJECTION,	1	001	660.00	394.69	02	0.00		0.00		265.31

02 The charge exceeds the usual and customary charge.

Billed 1320.00 Tech Adj 524.08 Prof Adj 0.00 PPO Adj 0.00 Paid 795.92

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(313) 237-3017

CLAIM NUMBER.: 999003987
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BILL NUMBER.: P857236
INSURED.....: WILLIAMS
CLAIM REP....: LENTON, KELVIN

, SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT. 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 378467P4210
DIAGNOSIS CODE 1.: 784.0 HEADACHE
DIAGNOSIS CODE 2.: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3.:
DIAGNOSIS CODE 4.:

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/29/2014
DATE BILLED.....: 03/27/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 03/19/2014
SERVICE TO DATE...: 03/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
03/19/2014	11	64505 RT	64505 RT	INJECTION,	1	001	660.00	129.39	02	0.00		0.00		530.61
03/19/2014	11	64505 LT	64505 LT	INJECTION,	1	001	660.00	394.69	02	0.00		0.00		265.31

02 The charge exceeds the usual and customary charge.

Billed 1320.00 Tech Adj 524.08 Prof Adj 0.00 PPO Adj 0.00 Paid 795.92

If you have any questions regarding this analysis, please contact Brown Review Management at 800-575-5175 or 248-357-2195, Professional Review Dept, or send a copy of your bill and this analysis to Brown Review Management, 29688 Telegraph Road, Ste 100, Southfield MI 48034

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CITY OF DETROIT
CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P856897
INSURED.....: WILLIAMS
CLAIM REP.....: LENTON, KELVIN

SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3711271P4210
DIAGNOSIS CODE 1...: 724.2 LUMBAGO
DIAGNOSIS CODE 2...: 723.1 CERVICALGIA
DIAGNOSIS CODE 3...: 723.8 OTH SYNDROMES AFFECTING
DIAGNOSIS CODE 4...: E92.90 LATE EFFECTS MOTOR VEHIC

DATE OF INJURY.....: 05/10/2012
DATE POSTED.....: 09/24/2014
DATE BILLED.....: 06/12/2014
DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 05/19/2014
SERVICE TO DATE...: 05/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
05/19/2014	11	99213	99213	OFFICE OR 0	1	001	250.00	140.57	02	0.00		0.00		109.43

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
250.00	140.57	0.00	0.00	109.43

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CITY OF DETROIT
CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P856897
INSURED.....: WILLIAMS, SHIELA
CLAIM REP.....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3711271P4210
DIAGNOSIS CODE 1.: 724.2 LUMBAGO
DIAGNOSIS CODE 2.: 723.1 CERVICALGIA
DIAGNOSIS CODE 3.: 723.8 OTH SYNDROMES AFFECTING
DIAGNOSIS CODE 4.: E92.90 LATE EFFECTS MOTOR VEHIC

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/24/2014
DATE BILLED.....: 06/12/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 05/19/2014
SERVICE TO DATE...: 05/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
05/19/2014	11	99213	99213	OFFICE OR O	1	001	250.00	140.57	02	0.00		0.00		109.43

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
250.00	140.57	0.00	0.00	109.43

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CITY OF DETROIT
CLAIMS SECTION

DIRECT ALL PAYMENT INQUIRIES AND REQUESTS FOR RECONSIDERATION TO THE CARRIER

CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987

NAIC/SELF INS: 999000482

BILL NUMBER.: P856897

INSURED..... WILLIAMS

CLAIM REP....: LENTON, KELVIN

, SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *

PATIENT ACCOUNT NO: 3711271P4210

DIAGNOSIS CODE 1.: 724.2 LUMBAGO

DIAGNOSIS CODE 2.: 723.1 CERVICALGIA

DIAGNOSIS CODE 3.: 723.8 OTH SYNDROMES AFFECTING

DIAGNOSIS CODE 4.: E92.90 LATE EFFECTS MOTOR VEHIC

DATE OF INJURY....: 05/10/2012

DATE POSTED.....: 09/24/2014

DATE BILLED.....: 06/12/2014

DATE RECEIVED.....: 09/16/2014

SERVICE FROM DATE.: 05/19/2014

SERVICE TO DATE....: 05/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
05/19/2014	11	99213	99213	OFFICE OR O	1	001	250.00	140.57	02	0.00		0.00		109.43

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
250.00	140.57	0.00	0.00	109.43

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P856897
INSURED..... WILLIAMS, SHIELA
CLAIM REP....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3711271P4210
DIAGNOSIS CODE 1.: 724.2 LUMBAGO
DIAGNOSIS CODE 2.: 723.1 CERVICALGIA
DIAGNOSIS CODE 3.: 723.8 OTH SYNDROMES AFFECTING
DIAGNOSIS CODE 4.: E92.90 LATE EFFECTS MOTOR VEHIC

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/24/2014
DATE BILLED.....: 06/12/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 05/19/2014
SERVICE TO DATE...: 05/19/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
05/19/2014	11	99213	99213	OFFICE OR 0	1	001	250.00	140.57	02	0.00		0.00		109.43

02 The charge exceeds the usual and customary charge.

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
250.00	140.57	0.00	0.00	109.43

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P856895
INSURED.....: WILLIAMS
CLAIM REP.....: LENTON, KELVIN

, SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3711128P4210
DIAGNOSIS CODE 1...: 723.1 CERVICALGIA
DIAGNOSIS CODE 2...: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/24/2014
DATE BILLED.....: 06/09/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 05/15/2014
SERVICE TO DATE...: 05/15/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
05/15/2014	11	64450 RT	64450 RT	INJECTION,	1	001	600.00	296.79	02	0.00		0.00		303.21
05/15/2014	11	77002	77002	FLUOROSCOPI	1	001	400.00	0.00		0.00		0.00		400.00
05/15/2014	11	J0702	J0702	Injection,	1	001	35.00	0.00		26.53	NS	0.00		8.47
				00085056605										
05/15/2014	11	J2001	J2001	INJ, LIDOCA	1	001	35.00	0.00		35.00	NS	0.00		0.00
				00338040902										

NS Please see note below.

02 The charge exceeds the usual and customary charge.

REVIEWED PER RED BOOK AWP

DENIED CODE J2001 AS INCLUDED WITH CODE 64450

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
1070.00	296.79	61.53	0.00	711.68

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CARRIER:

CITY OF DETROIT - DOT/LAW
2 WOODWARD AVENUE
STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P856895
INSURED.....: WILLIAMS
CLAIM REP.....: LENTON, KELVIN

, SHIELA

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
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DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3711128P4210
DIAGNOSIS CODE 1...: 723.1 CERVICALGIA
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DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

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SERVICE FROM DATE.: 05/15/2014
SERVICE TO DATE....: 05/15/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgm	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
05/15/2014	11	64450 RT	64450 RT	INJECTION,	1	001	600.00	296.79	02	0.00		0.00		303.21
05/15/2014	11	77002	77002	FLUOROSCOPI	1	001	400.00	0.00		0.00		0.00		400.00
05/15/2014	11	J0702	J0702	Injection,	1	001	35.00	0.00		26.53	NS	0.00		8.47
				00085056605										
05/15/2014	11	J2001	J2001	INJ, LIDOCA	1	001	35.00	0.00		35.00	NS	0.00		0.00
				00338040902										

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DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER.: P856895
INSURED..... WILLIAMS
CLAIM REP..... LENTON, KELVIN . SHIELA

PROVIDER NAME/ADDRESS:

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FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3711128P4210
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DIAGNOSIS CODE 3.:
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DATE BILLED.....: 06/09/2014
DATE RECEIVED.....: 09/16/2014
SERVICE FROM DATE.: 05/15/2014
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Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
05/15/2014	11	64450 RT	64450 RT	INJECTION,	1	001	600.00	296.79	02	0.00		0.00		303.21
05/15/2014	11	77002	77002	FLUOROSCOPI	1	001	400.00	0.00		0.00		0.00		400.00
05/15/2014	11	J0702	J0702	Injection,	1	001	35.00	0.00		26.53	NS	0.00		8.47
05/15/2014	11	J2001	J2001	00085056605 INJ, LIDOCA	1	001	35.00	0.00		35.00	NS	0.00		0.00
				00338040902										

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STE 500
DETROIT, MI 48226
(313) 237-3017

CLAIM NUMBER.: 999003987
NAIC/SELF INS: 999000482
BILL NUMBER...: P856895
INSURED.....: WILLIAMS , SHIELA
CLAIM REP.....: LENTON, KELVIN

PROVIDER NAME/ADDRESS:

SUMMIT PHYSICIANS GRP/8560
DEPT 771721 PO BOX 77000
DETROIT, MI 48277

CLAIMANT NAME/ADDRESS:

WILLIAMS, SHIELA
5841 ARTILAN
DETROIT, MI 48228

FEIN / NPI NUMBER.: 45-4013724 1275805491 *
PATIENT ACCOUNT NO: 3711128P4210
DIAGNOSIS CODE 1...: 723.1 CERVICALGIA
DIAGNOSIS CODE 2...: E92.90 LATE EFFECTS MOTOR VEHIC
DIAGNOSIS CODE 3...:
DIAGNOSIS CODE 4...:

DATE OF INJURY....: 05/10/2012
DATE POSTED.....: 09/24/2014
DATE BILLED.....: 06/09/2014
DATE RECEIVED....: 09/16/2014
SERVICE FROM DATE.: 05/15/2014
SERVICE TO DATE...: 05/15/2014

Service Date	POS	Proc Billed	Proc Paid	Description	Dgn	Units	Billed	Tech Adj	EB	Prof Adj	EN	PPO Adj	EP	Paid
05/15/2014	11	64450 RT	64450 RT	INJECTION,	1	001	600.00	296.79	02	0.00		0.00		303.21
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05/15/2014	11	J0702	J0702	Injection,	1	001	35.00	0.00		26.53	NS	0.00		8.47
05/15/2014	11	J2001	J2001	00085056605 INJ. LIDOCA	1	001	35.00	0.00		35.00	NS	0.00		0.00
				00338040902										

NS Please see note below.

02 The charge exceeds the usual and customary charge.

REVIEWED PER RED BOOK AWP

DENIED CODE J2001 AS INCLUDED WITH CODE 64450

Billed	Tech Adj	Prof Adj	PPO Adj	Paid
1070.00	296.79	61.53	0.00	711.68

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RECEIVED
OCT 06 2014
CITY OF DETROIT
CLAIMS SECTION

EXHIBIT H

Diana Basel

From: Justin Haas
Sent: Tuesday, December 30, 2014 7:54 AM
To: campc@detroitmi.gov
Cc: Justin Haas
Subject: FW: WILLIAMS, SHEILA (SPG)
Attachments: 20141229161151.pdf; SMG Bill Updtd 12.24.14.pdf; SPG Bill Updtd 12.24.14.pdf

Celesta,

I am attaching payments that are being sent directly to my client's lock box. As you are aware this case is in litigation. Accordingly, as I do claim a lien on all amounts recovered in his case, please make certain all payments are sent through my office. If the City does not have any basis not to have paid the outstanding bills, please contact me to discuss potential resolution. I am attaching updated ledgers. Please call me to discuss these issues further at your earliest opportunity. Thank you.

Justin Haas, Esq.
Haas & Goldstein, P.C.
31275 Northwestern Hwy., Ste. 225
Farmington Hills, MI 48334
Phone: (248) 702-6550
Fax: (248) 538-9044
Email: JHaas@haasgoldstein.com